SUBMIT. COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Plann: Ig and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Address to send permit _

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 29 2021

Bayfield Co.
Planning and Zoning Agency



Permit #:	21-0101
Date:	5-5-21
Amount Paid:	\$75 4-28-21
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CORS	TRUCTION	N UNTIL /	ALL PERMITS H	IAVE BEEN ISSUED T	TO APPLI	ICANT.		FILL OU	TININK (<mark>NO I</mark>	PENCIL)	
TYPE OF PERMIT R	EQUEST	ΓED→	A LANE	USE SAN	VITARY	□ PRIVY □	CONDITION		USE 🗆 B.O	.A. 🗆	OTHER
Owner's Name:	haa	D			Mailin	g Address:	City	/State/Zip:	55120	Telepho	
Mark &5	man	an Ke	lichenb	loich Irust	220	9 Rogers (T. M.	endota Heig		651-	686 4760
Address of Property:	4 4				5,773	14 I		_	,	Cell Pho	
54340	auf	man	Road	d	130	arnes, W	I 5	4873		651-	219-0041
Contractor:		4		0	Contra	actor Phone: P	lumber:			Plumber	r Phone:
ALL	Con:	stru	ctionan	d Kemodely		5 688-964	NIA				/A
	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached Yes No										
	The state of the s										□ No
PROJECT LOCATION Legal Description: (Use Tax Statement) Tax ID# 0 2 - 000 3000 Recorded Document: (Showing Ownership 0 4 - 004 - 2 - 45 - 09 - 23 - 3 2020R 5 85 658											
101			Gov't Lot	Lot(s)				s) No. Block(s) No.	Subdivision:		
<u>NW</u> 1/4, <u>S</u>	W	1/4				-	1000	Side (Sy No.	Subulvision.		
22			115	0		Town of:			Lot Size	Acrea	nge.
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Ś	☐ Add	dition/	Alteration	☐ 1-Story + L	Loft	Foundation	□ 2	☐ (New) Sanitary	Specify Type:	51	XWell
20,000	☐ Con	versio	n	☐ 2-Story		X Slab	□ 3		ts) Specify Type:		
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COST OF			ness on			Use	冰 None	☐ Portable (w/ser			
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Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

w: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

Show Location of:

Proposed Construction

(2) Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: Show any (*): (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7)Show any (*): (*) Wetlands; or (*) Slopes over 20%

GARAGE 16x28 MORILE 12×50 HOME.

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	Measurement		Description	Measur	ement
63'						
Setback from the Centerline of Platted Road	133	Feet		Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek	Feet	
				Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	282.36	Feet				
Setback from the South Lot Line	95	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	11/	Feet		20% Slope Area on the property	☐ Yes	□No
Setback from the East Lot Line	473	Feet		Elevation of Floodplain		Feet
MOBILE HOME	40		+			
Setback to Septic Tank or Holding Tank	190	Feet		Setback to Well	110	Feet
Setback to Drain Field	96+	Feet		5.	μ	
Setback to Privy (Portable, Composting)		Feet	1.7			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	275000000000000000000000000000000000000	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 21-0101	Permit Date: 5-5	-21					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Recor	ious Lot(s)) / No	Mitigation Required Mitigation Attached	Yes No	Affidavit Required			
Granted by Variance (B.O.A.) Granted by Variance (B.O.A.) Case #:		Previously Granted by ☐ Yes ☐ Mo	y Variance (B.O.A.)	a #:			
Was Parcel Legally Created Was Proposed Building Site Delineated Yes No	Were Property Lines Represented by Owner Was Property Surveyed ☐ Yes						
Inspection Record:		1		Zoning District () Lakes Classification ()			
Date of Inspection: 5/4/3/	Inspected by:	1/		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Build as proposed - Not for Human Habitation on slooping If prossen see water enters structure, get agric/perents Signature of Inspector: Date of Approval:							
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:	_			

Village, State or Federal
May Also Be Required

USE - X

SANITARY
SIGN
SPECIAL -

CONDITIONAL -

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

21-0101 Mark & Sharon Reichenbach No. Issued To: Par in Location: 23 NW SW 1/4 Section **Township** 45 N. Range 9 W. Town of Barnes of Subdivision Gov't Lot CSM# **Block** Lot

For: Residential Accessory Structure: [1- Story; Garage (28' x 16') = 448 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as proposed. Not for human habitation or sleeping. If pressurized water enters structure, get septic permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

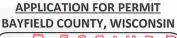
Tracy Pooler

Authorized Issuing Official

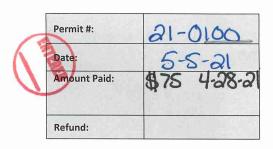
May 5, 2021

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138







INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CO	NSTRUCTION UNTIL ALL PERMITS	HAVE BEEN ISSUED I	O APPLICANT. Unginal	Application ivi	be submitted	FILL OUT IN INK	NO PENCIL)		
TYPE OF PERMIT REQUESTED LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER									
Owner's Name:	0	1	Mailing Address:		City/State/Zip:	Telephone:			
micha	el + Lawene P	eterson	1170 Ellison L	akeld	Barnes	WI 54873	715-2458		
Address of Proper	ty:		City/State/Zip:				Cell Phone:		
							715 921-4049		
Contractor:			Contractor Phone:	Plumber:			Plumber Phone:		
							2000		
Authorized Agent:	(Person Signing Application on beha	If of Owner(s))	Agent Phone:	Agent Ma	iling Address (include City	//State/Zip):	Written Authorization		
							Attached		
							☐ Yes ☐ No		
PROJECT	Legal Description: (Use T	av Statement)	Tax ID#	2000		Recorded Document:	(Showing Ownership)		
LOCATION	Legal Description. (Ose I	ax statement)		(977		712	43/		
	Gov't Lot	Lot(s) C	SM Vol & Page CSI	M Doc#	Lot(s) # Block #	Subdivision:			
1/4, _	1/4	1/4	SM Vol & Page (CSI W 3 P 209 + 1913 +	355					
Section 30) - : 115	08	Town of:	_		Lot Size	Acreage		
Section	, Township 45 N, R	ange 0 9 W	(Barne	S	(5m #355	3,3		
	□ In Duna and a /I am il a sith i	- 200 f+ -f Pi		_		V 3 P 209			
	☐ Is Property/Land withi Creek or Landward side of		r, Stream (incl. Intermittent) If yescontinue	Distance St	ructure is from Shorelir	feet Is your Prope	Are Wetlands		
☐ Shoreland -	N	· · · · · · · · · · · · · · · · · · ·				Zone?	Present?		
	☐ Is Property/Land withi	n 1000 feet of Lak	e, Pond or Flowage If yescontinue	Distance St	ructure is from Shorelir	feet Yes	☐ Yes No		
			ii yescontinue —	-		₩ IVO			
☐ Non-Shoreland	d								
Value at Time									
of Completion				Total # o		hat Type of	Type of		
* include	Project	Project	Project	bedroom		anitary System(s)	Water		
donated time		# of Stories	Foundation	on	THE STATE OF THE S	the property or	on		
& material				property	Will be	on the property?	property		
_	New Construction	★ 1-Story	☐ Basement	1	☐ Municipal/Cit	<u> </u>	☐ City		
'	☐ Addition/Alteration	☐ 1-Story +	☐ Foundation	□ 2	☐ (New) Sanitar	y Specify Type:	₩ell		
\$ 4/		Loft							
4,000	☐ Conversion	☐ 2-Story	₩ Slab	□ 3		ts) Specify Type:			
,			- Sido		Grav. T				
	☐ Relocate (existing bldg)			× 5	Privy (Pit) or	☐ Vaulted (min 200	O gallon)		
	☐ Run a Business on		Use	☐ None	☐ Portable (w/se	ervice contract)			
	Property		Year Round		☐ Compost Toile	et	'		
					□ None				
Evicting Structu	Ire: (if addition, alteration or bu	sinoss is baing and	ind for) Longth		Width:	Halaha			
	truction: (overall dimension			,	Width: I(g'	Height			
1 Toposed Colls	Governmension	13/	Length.	6	widen.	Height			
							Square		
Proposed l	Jse ✓		Proposed Structu	ure		Dimensions	Footage		

Proposed Use	1	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	(х)	
1 4		Residence (i.e. cabin, hunting shack, etc.)	(х)	
Residential Use		with Loft	(х)	
A Residential osc		with a Porch	(х)	
		with (2 nd) Porch	(х)	
*		with a Deck	(х)	
☐ Commercial Use		with (2 nd) Deck	(х)	
Commercial ose		with Attached Garage	(х)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(х)	
		Mobile Home (manufactured date)	(x)	
☐ Municipal Use		Addition/Alteration (explain)	(х)	
		Accessory Building (explain) Sewing Room	(16× 16)	256
					500

w or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL A **Proposed Construction** Show Location of: Show / Indicate: North (N) on Plot Plan Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) Show: All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Setback Measurements			Description	Setback Measurements	
pack from the Centerline of Platted Road 500 Feet Sett		Setback from the Lake (ordinary high-water mark)	200 Fee		
	Feet		Setback from the River, Stream, Creek	Fee	
			Setback from the Bank or Bluff	Fee	
59	Feet				
400	Feet	i di l	Setback from Wetland	Feet	
72	Feet		20% Slope Area on the property	☐ Yes ☐ No	
		Elevation of Floodplain	Fee		
	Feet		Setback to Well	Fee	
12	Feet			1 6	
12	Feet				
		Measurements Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet	Measurements 500 Feet Feet 400 Feet 72 Feet 60 Feet Feet 72 Feet	Measurements Setback from the Lake (ordinary high-water mark) Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff Feet Setback from Wetland Feet 20% Slope Area on the property Feet Elevation of Floodplain Feet Setback to Well	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	y Carlotte	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 21 - 0100	Permit Date: 5-4	5-21					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Recondance of Parcel o	ous Lot(s)) 🗂 No	Mitigation Required Mitigation Attached	☐ Yes No ☐ Yes ✓ No	Affidavit Required Affidavit Attached Yes No			
Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:		Previously Granted by	y Variance (B.O.A.)	e #:			
		Were Property Lines Represented by Owner Was Property Surveyed Yes Yes					
Inspection Record:		. 1	THE STATE OF	Zoning District (R) (N) Lakes Classification (N) (N)			
Date of Inspection: 3/29/21	Inspected by:	V		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? Yes No-(If No they need to be attached.) Build as proposed by the proposed NoT for Human Habitation on sleeping NoT for Human Habitation on sleeping If pressurized water enters structure get needed seffic permits							
Signature of Inspector:				Date of Approval: 5/5/21			
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗆	Hold For Fees:				

Village, State or Federal May Also Be Required

SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 21-0100 Issued To: Michael & Laurene Peterson

Location: - 1/4 of - 1/4 Section 30 Township 45 N. Range 9 W. Town of Barnes

Gov't Lot 1 Block Subdivision CSM# 355

For: Residential Accessory Structure: [1- Story; Sewing Room (16' x 16') = 256 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as proposed. Not for human habitation or sleeping. If pressurized water enters structure get needed septic permits.

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NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

May 5, 2021

Date